CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Narnike Grant	OFFICE USE ONLY						
` '	Name	ONLINE SUBMISSION						
(2)	12107 NW 69th Court	Submitted on:						
	Address (number and street)	9/1/2020 17:21:31 (eastern)						
	Parkland, FL 33076							
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number:546						
(4)	Check appropriate box(es):							
	Candidate Office Sought: School Board,	At Large 9						
	☐ Political Committee (PC)☐ Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded						
	☐ Party Executive Committee (PTY)	☐ Check here if PTY has disbanded						
	☐ Independent Expenditure (IE) (also covers an	Check here if no other IE or EC reports will be filed						
	individual making electioneering communications)							
	(5) Report	Identifiers						
Cove	er Period: From 8 / 14 / 2020 To	8 / 21 / 2020 Report Type: G1						
□о	riginal Amendment Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
. ,		Monetary						
Cash	n & Checks \$, , 0 . 00	Expenditures \$, , 24 . 05						
Loar	ns \$,, <u>0</u> . <u>00</u>	Transfers to						
		Office Account \$, , , 0 . 00						
Tota	I Monetary \$, , 0 . <u>00</u>							
		Total Monetary \$, , _24 . 05						
In-Ki	and \$,,, <u>0</u> . <u>00</u>							
		(8) Other Distributions						
		\$, , <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$	\$, <u>6</u> , <u>208</u> . <u>47</u>						
	(11) Cert It is a first degree misdemeanor for any pers	tification on to falsify a public record (ss. 839.13, F.S.)						
Lo		. , ,						
I certify that I have examined this report and it is true, correct, and complete:								
_(T	ype name)	(Type name)						
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)						
Х		×						
	gnature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Narnike Grant				2) I.D. Numbe	er5	46
	8/14/2020 od///		8	/21/2020 ///	(4) Pag	e <u>1</u>	of
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code		(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12) Amount
/ /	Oity, State, 21p Code	Туре	Occupation	Туре	Description	And delication of the second o	Amount
J I							
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _1	Narnike Grant					 (2) I.D. Nun	nber	546			
		8/14/2	020		8/21/20	020					
(3) Cover Po	eriod	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
8/20/2020	Shopping Center, Walmart 6001 Coral Ridge Drive Coral Springs, FL 33076	transaction fee for poll workers compensation	MO	Add	\$24.05
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DS-DE 14 (Rev.	11/12 \				